

## Foster Family Home - Corrective Action Report

Provider ID: 1-150073

Home Name: Marybeth Leano, CNA

94-472 Hamau Street

Waipahu

HI 96797

Review ID: 1-150073-4

Reviewer: David Ayling

Begin Date: 9/18/2018

End Date: 9/16/18

### Foster Family Home

### Required Certificate

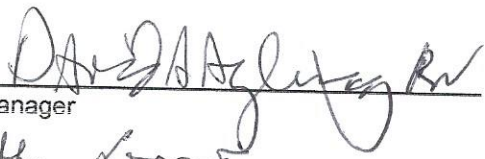
[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 9/18/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

  
Compliance Manager

  
Primary Care Giver

9/18/18  
Date

9/18/18  
Date